

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

Re: Catherine Hogan-Walsh, L.P.N.
License No. 026547

Petition No. 970414-011-010

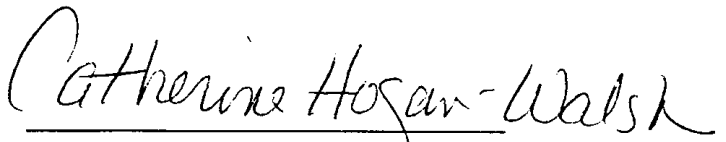
VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Catherine Hogan-Walsh, L.P.N., being duly sworn, deposes and says:

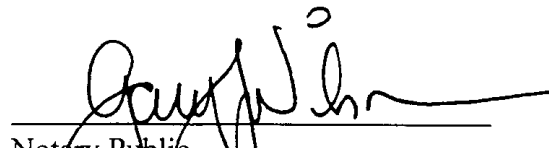
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a licensed practical nurse in Connecticut. I presently hold license number 026547 which expired on July 31, 1997.
4. I hereby voluntarily agree not to renew or reinstate my license to practice as a licensed practical nurse.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Count One of the Statement of Charges in Petition Number 970414-011-010 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.
6. CW I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 970414-011-010 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.


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8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 970414-011-010. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.
9. I understand that I have the right to consult with an attorney prior to signing this affidavit.


Catherine Hogan-Walsh, L.P.N.

Subscribed and sworn to before me this 30TH day of March, 1998.


Notary Public
Commissioner of Superior Court

Accepted: 
Cynthia Denne, Director
Health Systems Regulation

May 7, 1998
Date

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